

Department of Criminal Justice Services Field Training for Jail Deputies and Officers

Name: SSN:

Department Name:				
Academy Attended:				
Academy Completion Date:				
Field Training Section	Performance Outcomes	Date Completed	Not Applicable	Field Training Instructor Initials
Department Policies, Procedures, and Operations	# 9.1 – 9.31			
Use of Force, Weapons Use	# 9.32 - 9.37			
Transporting Prisoners	# 9.38 – 9.40			
Safety Training	# 9.41 – 9.44			
General Tasks	#9.45 – 9.61			
I certify that that the aball the performance out Virginia (1950) as ame	tcomes listed on	this form in con	npliance with §9-1	70(8) of the Code of
Signature of Agency Administrator				Date